

● PRINTER RUSH ●

(PTO ASSISTANCE)

Application : <u>10/091959</u>	Examiner : <u>Davi's</u>	GAU : <u>2652</u>
From : <u>LAS</u>	Location : <u>IDC</u> FMF FDC	Date : <u>1-12-2006</u>

Tracking #: epm 10/091959 Week Date: 8-29-2005

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input checked="" type="checkbox"/> OATH	<u>3-6-2002</u>	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: _____

The declaration identifies the fourth inventor, C.C. Han,
by family name only. At least one full given name without
abbreviation (i.e. initials) must be provided per 37 C.F.R. 1.62(a)(2)

Thank you

[XRUSH] RESPONSE: _____

See MISC COMM.

Dave
INITIALS: DM

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
 REV 10/04

GEORGE O. SAILE & ASSOCIATES
28 DAVIS AVENUE
POUGHKEEPSIE, NY 12603

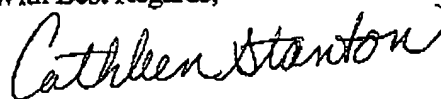
FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Rori Burch	Cathleen Stanton
DEPT:	DATE:
	February 17, 2006
COMPANY:	FAX NUMBER:
US Patent & Trademark Office	845 471 2064
FAX NUMBER:	PHONE NUMBER:
571-273-9009	845 452 3204
RE:	# OF PAGES (INCLUDE THIS COVER):
10/091,959	3
NOTES/COMMENTS:	

Dear Ms. Burch,

As per your phone message, please note that the full name of the fourth inventor is,
Cherng-Chyi Han.

With Best Regards,



Cathleen Stanton

FEB 08 2006



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
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Alexandria, Virginia 22313-1450
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/091,959	03/06/2002	Yun-Fei Li	HT01-032	8399
28112	7590	02/06/2006	EXAMINER	
GEORGE O. SAILE & ASSOCIATES 28 DAVIS AVENUE POUGHKEEPSIE, NY 12603			DAVIS, DAVID DONALD	
			ART UNIT	PAPER NUMBER
			2652	

DATE MAILED: 02/06/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

**UNITED STATES PATENT AND TRADEMARK OFFICE**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Serial Number
10091959

Date Mailed
2/2/06

NOTICE TO FILE CORRECTED APPLICATION PAPERS***Notice of Allowance Mailed***

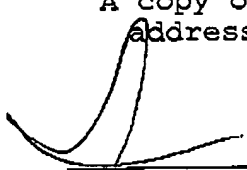
This application has been accorded an Allowance Date and is being prepared for issuance. The application, however, is incomplete for the reasons below.

Applicant is given 30 days from the mail date of this Notice within which to correct the informalities indicated below. A failure to reply will result in the application being ABANDONED. This period for reply is NOT extendable under 37 CFR 1.136 (a) or (b).

- ◆ Please provide forth inventors full given name on oath/declaration. Fax missing information to number below or e-mail.
- For status updates visit <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR System, contact the Electronic Business Center (EBC) toll free at 866-217-9197.

APPLICANT MUST SUPPLY MISSING INFORMATION WITHIN 30 DAYS OF THE MAIL DATE OF THIS NOTICE.

A copy of this notice **MUST** be returned with the reply. Please address response to Commissioner for Patents P.O. Box 1450
Alexandria, VA 22313-1450


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Bib Data Sheet

CONFIRMATION NO. 8399

SERIAL NUMBER 10/091,959	FILING OR 371(c) DATE 03/06/2002 RULE	CLASS 360	GROUP ART UNIT 2652	ATTORNEY DOCKET NO. HT01-032
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APPLICANTS

Yun-Fei Li, Fremont, CA;
Hui-Chuan Wang, Pleasanton, CA;
Chyu-Jiuh Torng, Pleasanton, CA;
Cherng-Chyi Han, San Jose, CA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
04/08/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 4	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

28112

TITLE

EASILY MANUFACTURED EXCHANGE BIAS STABILIZATION SCHEME

FILING FEE RECEIVED 1466	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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